

# Greater Easterhouse Common Housing Register Application Form



## ESSENTIAL CRITERIA

### INFORMATION/SUPPORTING DOCUMENTS

1. This application form can be used to apply to any of the above named housing organisations. Please return the form to any one of the offices (see section 9) and they will forward copies to all of those you wish to apply to. **All applicants must provide proof of current address when returning form.**
2. Before completing the form, please read the declaration (see section 8), you must sign the declaration. In the case of joint applicants, both must sign the declaration.
3. Please refer to the guidance on page 6 of the Summary Common Allocations Policy regarding what information is needed to verify your circumstances.

### PERSONAL DETAILS

#### 1 MAIN APPLICANT

Title eg. Mr/Mrs/Ms	
Full name:	
Date of birth:	
Address:	
Flat Pos:	Postcode:
Home/Mobile Tel No:	
Other contact Tel No:	
Email Address:	
National Insurance No.	

#### 1A JOINT APPLICANT

Title eg. Mr/Mrs/Ms	
Full name:	
Date of birth:	
Address:	
Flat Pos:	Postcode:
Home/Mobile Tel No:	
Other contact Tel No:	
Email Address:	
National Insurance No.	

#### Preferred method of contact?

Telephone

☐

Text

☐

Email

☐

Letter

☐

## 2 HOUSEHOLD COMPOSITIONS

### MAIN APPLICANT

PLEASE LIST EVERYONE CURRENTLY LIVING IN YOUR PRESENT ACCOMMODATION.

Full Name	Date of Birth	Relationship	Moving with you (please tick)
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

### JOINT APPLICANT

PLEASE LIST EVERYONE CURRENTLY LIVING IN YOUR PRESENT ACCOMMODATION.

Full Name	Date of birth	Relationship	Moving with you (please tick)
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Is anyone in the household pregnant?

Yes ☐ No ☐

PLEASE PROVIDE PROOF (refer to guidance sheet)

If yes, when is the baby due?

## 3 ACCESS TO CHILDREN

Are any of the children in your household for access only?

Yes ☐ No ☐

PLEASE PROVIDE PROOF (refer to guidance sheet)

If yes, please fill in the details below:

Please detail the access arrangements.

Daily ☐ Weekly ☐ Monthly ☐ Holidays ☐ Other ☐

Please give details of the times / overnight stays, etc.


If the access arrangement is informal, i.e. by mutual agreement between you and your ex-partner, please give the following information to allow us to confirm the above details.

Name of ex-Partner	Current Address	Telephone Number

4 PRESENT & PREVIOUS TENANCIES

MAIN APPLICANT

Please give details of all your addresses in the last five years. Starting with current address.  
(Each applicant must supply this information - use a separate sheet if necessary).  
Please provide proof of current address.

Address	Tenure (eg tenant, owner, lodger)	Date of Entry / Date of Leaving	Reason for Leaving

Please provide details of your current landlord:

Name of Landlord:

Address of Landlord:

Telephone Number:

JOINT APPLICANT ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM MAIN APPLICANT

Please give details of all your addresses in the last five years. Starting with current address.  
(Each applicant must supply this information - use a separate sheet if necessary).  
Please provide proof of current address.

Address	Tenure (eg tenant, owner, lodger)	Date of Entry / Date of Leaving	Reason for Leaving

Please provide details of your current landlord:

Name of Landlord:

Address of Landlord:

Telephone Number:

Have you previously been evicted? Yes ☐ No ☐

If yes, give details .....

## 5 HOMELESSNESS

Do you consider yourself to be homeless? ☐ Yes ☐ No (If no, go to Q6)

Have you been assessed by your local authority? ☐ Yes ☐ No

If yes, please detail name of caseworker and area office address

Name of Caseworker

Area Office Address

### PLEASE PROVIDE COPIES OF ASSESSMENT LETTER

Why have you become homeless?


## 6 PRESENT ACCOMMODATION

### MAIN APPLICANT

The house you live in: What floor is it on?  How many bedrooms are there?

Does your accommodation provide the following?

Central Heating ☐ Double Glazing ☐ Sink with hot & cold water ☐

Do you share any of the following with another household?

Kitchen ☐ Living Room ☐ Toilet ☐ Bathroom ☐ Bedroom ☐

Does your property have any serious disrepair/dampness that is making it difficult for you to live there? ☐ Yes ☐ No

PLEASE PROVIDE PROOF (refer to guidance sheet)

If yes, please give details:


### JOINT APPLICANT

ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM MAIN APPLICANT

The house you live in: What floor is it on?  How many bedrooms are there?

Does your accommodation provide the following?

Central Heating ☐ Double Glazing ☐ Sink with hot & cold water ☐

Do you share any of the following with another household?

Kitchen ☐ Living Room ☐ Toilet ☐ Bathroom ☐ Bedroom ☐

Does your property have any serious disrepair/dampness that is making it difficult for you to live there? ☐ Yes ☐ No

PLEASE PROVIDE PROOF (refer to guidance sheet)

If yes, please give details:


## 7 SUPPORTING INFORMATION (ALL OF THE QUESTIONS BELOW MUST BE ANSWERED)

**Do you or anyone detailed on this application form own or rent any property other than the one you are living in at present?** If yes, please provide details.

Yes ☐ No ☐

**Has anyone taken action against you or anyone in your household for Anti-Social Behaviour in the last three years?** If yes, please give details

Yes ☐ No ☐

**Are you or anyone else in your household at risk from Domestic Abuse if you remain in your present home?**

Yes ☐ No ☐

Are you currently seeking support for this from women's aid or any other support group

Yes ☐ No ☐

If yes please give name/contact details of your support worker

**Have you any previous convictions?**

If yes, please refer to the guidance on page 5 of the Summary Common Allocations Policy regarding what convictions must be declared under the Rehabilitation of Offenders Act 1974.

Yes ☐ No ☐

**Are you or anyone in your household, required to register with the Police under the Sex Offenders Act 1997?**

Yes ☐ No ☐

If yes, please provide details on a separate piece of paper and place in a sealed envelope along with your application form and proofs Mark the envelope "For The Attention of the Housing Manager"

## Nationality

**Under the Housing (Scotland) Act 2010 and the Asylum and Immigration Act 1999, are you, or is any member of your household, an asylum seeker or subject to immigration controls?**

If yes, please give details

Yes ☐ No ☐

## Visa

**Are you, your partner or the joint applicant staying in the UK on a Spouse Visa?**

If yes, please give details

Yes ☐ No ☐

**Are you, your partner or the joint applicant staying in the UK on any other type of Visa?**

If yes, please give details

Yes ☐ No ☐

## 8 REASON FOR APPLICATION / ADDITIONAL INFORMATION

Please state why you wish to be rehoused and provide details of any special circumstances and provide further information that may assist us in assessing your housing need. (Continue on a separate sheet if required).

## 9 ACCOMMODATION REQUESTED

In this section we require that you indicate areas and types of property you would be willing to consider. Please tick all that apply. Please remember that much of the stock is in high demand and that it is better to keep your options open to ensure the possibility of a suitable offer of accommodation.

What property type would you accept - tick all that apply

House ☐ Maindoor Flat ☐ Ground ☐ 1st floor ☐ 2nd floor ☐ 3rd floor ☐

Calvary Housing Association ☐  
16 Calvary Road, Barlanark  
G33 4RE  
Tel: 0141 771 7722  
Email: enquiries@calvary.org.uk

Easthall Park Housing Co-operative ☐  
Glenburn Centre, 6 Glenburnie Place,  
Easthall G34 9AN  
Tel: 0141 781 2277  
Email: housing@easthallpark.org.uk

Calvary Housing Association ☐  
Retirement Homes - Burnmouth  
Court Only (2 Apts)  
(Age 60 years or over)

Lochfield Park Housing Association ☐  
37 Drumlanrig Avenue  
G34 0JF  
Tel: 0141 771 2228  
Email: info@lochfield.co.uk

Gardeen Housing Association ☐  
32 Garlieston Road, Barlanark  
G33 4UD  
Tel: 0141 771 9590  
Email: info@gardeen.org.uk

Is there any area / street within either of the 4 organisations that you would not consider?

If so please specify .....  
.....  
.....

## 10 MEDICAL SUPPORT NEEDS

IF MORE THAN ONE PERSON HAS A MEDICAL CONDITION,  
PLEASE REQUEST A SEPARATE FORM

### MEDICAL

Do you (or any member of your household wishing to be rehoused with you) have any medical reasons for wishing to be rehoused?

☐ Yes

☐ No

If No, please go  
to Question 11

PLEASE PROVIDE PROOF (refer to guidance sheet)

Name of person:

Disability / Condition:

Do you / they currently have any adaptations in your / their current home?

(e.g. handrails / ramp / other special fittings)

☐ Yes

☐ No

If yes, please give details below

Please state how your / their current home is unsuitable. Please advise how a move would help improve your/their medical condition.

(e.g. stairs or on a hill)

**Do you / they have difficulty walking?** ☐ Yes ☐ No ☐ Some difficulty

If yes, do you / they use any aids to help you / them to get around?

If you / they use a wheelchair, do you / they use it indoors and outdoors?

☐ Both ☐ Outdoors only ☐ Indoors only

**Do you / they have trouble climbing stairs?** ☐ Yes ☐ No

If yes, how many stairs can you/they manage comfortably?

How many stairs are in your/their current home? - Inside

How many stairs are in your/their current home? - Outside

Do you / they have to go upstairs to the?

Toilet ☐ Yes ☐ No Bathroom ☐ Yes ☐ No Bedroom ☐ Yes ☐ No

**Does your / their bathroom have?**

A bath only ☐ Yes ☐ No

A bath and overbath shower ☐ Yes ☐ No

A shower only ☐ Yes ☐ No

Do you / they have trouble using the bath, shower or toilet? ☐ Yes ☐ No

If yes, please give details below

**Is an extra bedroom required due to you/their medical condition?** ☐ Yes ☐ No

If yes, please explain why below

**What type of heating do you have in your current accommodation?**

☐ Gas ☐ Electricity ☐ Other, please specify

**Does this affect your / their medical condition?** ☐ Yes ☐ No

If yes, please state why:

**If you / they get regular support from anyone else. e.g. Relatives, District Nurse or Community Psychiatric Nurse (CPN), please supply their name, address and contact number and the type of support provided.**

## APPLICANT SATISFACTION SURVEY

### Question

### Answer

Did the layout of the form make it clear and easy to complete?

Yes

No

☐
☐

Was the wording of the questions easy to understand?

Yes

No

☐
☐

Did you get your application from:

Easthall

☐

Lochfield

☐

Gardeen

☐

Calvay

☐

Web

☐

Other

☐

How did you get a copy of the application form?

Telephone

Email

Office

Other

☐
☐
☐
☐

Was there anything about the application you did not like?

Yes

☐

No

☐

If Yes Please Specify: \_\_\_\_\_

Overall how satisfied were you with the advice, information and assistance you received?

Very Satisfied

☐

Satisfied

☐

Not Satisfied

☐

How easy was it to provide the information we requested on the form? (proof of residency, birth certificates etc)

Very Easy

Easy

Neither

Difficult

Very Difficult

☐
☐
☐
☐
☐

How easy or difficult did you find it to apply for housing?

Very Easy

Easy

Neither

Difficult

Very Difficult

☐
☐
☐
☐
☐

Did you find the Summary Allocation Policy useful?

Yes

☐

No

☐

From the Summary Allocation Policy did you understand how points for rehousing are awarded?

Yes

☐

No

☐

Did you know that information is available in other formats (large print, other languages etc.)?

Yes

☐

No

☐

Overall how would you rate your experience of applying for housing?

Very Good

☐

Good

☐

Satisfactory

☐

Poor

☐

Very Poor

☐



EQUAL OPPORTUNITIES MONITORING FORM

Please examine these categories and indicate which would best describe your ethnic origin.

Ethnic Group	Please Tick
WHITE (Total)	
Scottish	
Other British	
Irish	
Gypsy/traveller	
Polish	
Any other white background	
MIXED OR MULTIPLE ETHNIC BACKGROUND	
ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH (Total)	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian background	
BLACK, BLACK SCOTTISH, BLACK BRITISH (Total)	
Carribean	
African	
Any other black background	
OTHER ETHNIC BACKGROUND	
Arab, Arab Scottish or Arab British	
Any other group	
UNKNOWN	

Does anyone in your household consider themselves to have a disability? Yes ☐ No ☐

Is anyone in your household registered disabled? Yes ☐ No ☐

PLEASE ENSURE YOU SIGN AND DATE  
SECTION 13 (OVERLEAF)

How did you find out about applying for housing?

- Facebook ☐
- Newspaper ☐
- Radio ☐
- Family/Friend ☐
- Website ☐
- Other ☐

If Other, please specify \_\_\_\_\_

11 CARE AND SUPPORT

Do you have a close relative within the area you have specified whom you need to live near in order to receive or provide daily support? ☐ No ☐ Receive ☐ Provide

If yes, please give the name and address of the relative and specify your relationship to them / you.

Name:	Specify Relationship:
Address:	

Describe the reason support is needed and the type of support provided?


12 REGULATORY STANDARDS OF GOVERNANCE

Are you or any member of your household related to or otherwise connected with a member of the Management Committee or Staff of any of the Co-operative / Association you wish to apply to? (Current or within last 12 months).

Persons Name:		Relationship to you:	
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What organisation are they a member of?

Please specify	
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Please note that an allocation made to a relative of a Committee member or Employee must be Recorded. This information will have no bearing on your application.

13 DECLARATION

I/We certify that the information given is a true record of my / our present circumstances, if not the application may be invalidated OR withdrawn OR cancelled.

The Association / Co-operative has the right to apply in court for repossession of any dwelling / accommodation, where the tenancy was found to have been granted on the basis of false or misleading information.

I / We agree to inform the Association / Co-operative of any change in my / our circumstances.

I / We authorise the Association / Co-operative to make any necessary enquiries or investigations to confirm the details of this application.

DATA PROTECTION

All the information provided within this application will be treated in confidence and comply with the relevant data protection legislation. The information within this form will need to be verified by any relevant party and in signing this form you confirm that you understand that the Association/Co-operative will share the information and data disclosed within the application form with other third parties from time to time in order that your application can be assessed. Further details can be found in the Association's/ Co-operative's Fair Processing Notice. The purpose of obtaining this information is to verify your current and previous housing circumstances and the information will only be used for the purpose of assessing your rehousing need and requirements. The information you give on this form will be held securely in our files and will be used for the purpose of assessing your housing need as defined in the Association/Co-operative's Allocation policy. Should you be successful in obtaining accommodation with the Association/Co-operative, this form and any subsequent additions/updates will be held securely in your house file. After the granting of any tenancy, should any of the information you provided on this application be found to be false or misleading, this will be grounds for the landlord to raise action against you to end the tenancy.

Signature of Applicant		Date	/	/
Signature of Joint Applicant		Date	/	/